



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2003
OF THE CONDITION AND AFFAIRS OF THE

Grand Valley Health Plan

NAIC Group Code	0000	NAIC Company Code	95453	Employer's ID Number	38-2396958
	(Current Period)		(Prior Period)		
Organized under the Laws of	Michigan	State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America				
Licensed as business type:	Life, Accident & Health [] Property/Casualty [] Dental Service Corporation []				
	Vision Service Corporation [] Other [] Health Maintenance Organization [X]				
	Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [X] No []				
Incorporated	12/03/1981	Commenced Business	02/05/1982		
Statutory Home Office	829 Forest Hills Ave SE		Grand Rapids, MI 49546		
	(Street and Number)		(City or Town, State and Zip Code)		
Main Administrative Office	829 Forest Hills Ave				
	(Street and Number)				
	Grand Rapids, MI 49546		616-949-2410-119		
	(City or Town, State and Zip Code)		(Area Code) (Telephone Number)		
Mail Address	829 Forest Hills Ave SE		Grand Rapids, MI 49546		
	(Street and Number or P.O. Box)		(City or Town, State and Zip Code)		
Primary Location of Books and Records	829 Forest Hills Ave				
	(Street and Number)				
	Grand Rapids, MI 49546		616-949-2410-116		
	(City or Town, State and Zip Code)		(Area Code) (Telephone Number)		
Internet Website Address	gvhp.com				
Statutory Statement Contact	Lynn Fehrle		616-949-2410-116		
	(Name)		(Area Code) (Telephone Number) (Extension)		
	fehrlel@gvhp.com		616-949-9848		
	(E-mail Address)		(FAX Number)		
Policyowner Relations Contact	829 Forest Hills Ave SE				
	(Street and Number)				
	Grand Rapids, MI 49546		616-949-2410		
	(City or Town, State and Zip Code)		(Area Code) (Telephone Number) (Extension)		

OFFICERS

President	Roland E Palmer	Secretary	Thomas W Schouten
Treasurer	Craig D Thompson		

VICE PRESIDENTS

James T Kirby		
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DIRECTORS OR TRUSTEES

Lucille I Grimm	Pamela L Silva	John B Miller
Herbert A Start	Kathy L Lentz	Margaret Sudekum
Gene Peterson		

State ofMichigan.....

County ofKent.....

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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Roland Palmer
President
(n/a
n/a)

Tom Schouten
Secretary

(n/a)

Craig Thompson
Treasurer

(n/a)

Subscribed and sworn to before me this
31 day of 03, 2004

a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number
2. Date filed 04/01/2004
3. Number of pages attached

Elissa Belknap
Administrative Assistant
01013000

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Grand Valley Health Plan

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Grand Valley Health Plan

EXHIBIT 4 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 5 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Grand Valley Health Plan

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Grand Valley Health Plan

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 8 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

9999999 Totals	0	XXX	XXX	XXX
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EXHIBIT 9 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	219,311		225,557	(6,247)	(6,247)	0
2. Medical furniture, equipment and fixtures	3,258,898		3,283,706	(24,808)	(24,808)	0
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	3,478,209	0	3,509,263	(31,055)	(31,055)	0



ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Grand Valley Health Plan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Grand Valley Health Plan 2. (LOCATION)

NAIC Group Code		0000		BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2003						NAIC Company Code		95453	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
Total Members at end of:															
1. Prior Year		19,561	252	17,592				1,717							
2. First Quarter		19,214	244	17,249				1,721							
3. Second Quarter		18,708	227	16,791				1,690							
4. Third Quarter		18,907	224	17,005				1,678							
5. Current Year		18,597	209	16,727				1,661							
6. Current Year Member Months		228,284	2,760	205,250				20,274							
Total Member Ambulatory Encounters for Year:															
7. Physician		18,854	228	16,952				1,674							
8. Non-Physician		54,437	658	48,944				4,835							
9. Total		73,291	886	65,896	0	0	0	6,509	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		4,118	50	3,702				366							
11. Number of Inpatient Admissions		961	12	864				85							
12. Health Premiums Collected		43,309,562	597,652	38,138,098				4,573,812							
13. Life Premiums Direct		0													
14. Property/Casualty Premiums Written		0													
15. Health Premiums Earned		41,990,356	597,652	36,818,892				4,573,812							
16. Property/Casualty Premiums Earned		0													
17. Amount Paid for Provision of Health Care Services		39,388,648	476,216	35,414,309				3,498,123							
18. Amount Incurred for Provision of Health Care Services		39,388,648	476,216	35,414,309				3,498,123							

(a) For health business: number of persons insured under PPO managed care products and number of persons under indemnity only products

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ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Grand Valley Health Plan

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REPORT FOR: 1. CORPORATION Grand Valley Health Plan 2. _____ (LOCATION)

NAIC Group Code		0000		BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2003							NAIC Company Code		95453
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
Total Members at end of:															
1. Prior Year		19,561	252	17,592	0	0	0	1,717	0	0	0	0	0	0	
2. First Quarter		19,214	244	17,249	0	0	0	1,721	0	0	0	0	0	0	
3. Second Quarter		18,708	227	16,791	0	0	0	1,690	0	0	0	0	0	0	
4. Third Quarter		18,907	224	17,005	0	0	0	1,678	0	0	0	0	0	0	
5. Current Year		18,597	209	16,727	0	0	0	1,661	0	0	0	0	0	0	
6. Current Year Member Months		228,284	2,760	205,250	0	0	0	20,274	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:															
7. Physician		18,854	228	16,952	0	0	0	1,674	0	0	0	0	0	0	
8. Non-Physician		54,437	658	48,944	0	0	0	4,835	0	0	0	0	0	0	
9. Total		73,291	886	65,896	0	0	0	6,509	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		4,118	50	3,702	0	0	0	366	0	0	0	0	0	0	
11. Number of Inpatient Admissions		961	12	864	0	0	0	85	0	0	0	0	0	0	
12. Health Premiums Collected		43,309,562	597,652	38,138,098	0	0	0	4,573,812	0	0	0	0	0	0	
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned		41,990,356	597,652	36,818,892	0	0	0	4,573,812	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services		39,388,648	476,216	35,414,309	0	0	0	3,498,123	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services		39,388,648	476,216	35,414,309	0	0	0	3,498,123	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

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SCHEDULE A VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value, December 31, prior year (prior year statement)	1,346,668
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 10	(28,796)
2.2 Totals, Part 3, Column 7	0
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 13	0
4.2 Totals, Part 3, Column 9	0
5. Total profit (loss) on sales, Part 3, Column 14	0
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 11	0
6.2 Totals, Part 3, Column 8	0
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 12	0
8. Book/adjusted carrying value at end of current period	1,317,872
9. Total valuation allowance	
10. Subtotal (Lines 8 plus 9)	1,317,872
11. Total nonadmitted amounts	50,014
12. Statement value, current period (Page 2, real estate lines, current period)	1,267,858

SCHEDULE B VERIFICATION BETWEEN YEARS

1. Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	0
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions	
2.2 Additional investment made after acquisitions	0
3. Accrual of discount and mortgage interest points and commitment fees	
4. Increase (decrease) by adjustment	0
5. Total profit (loss) on sale	
6. Amounts paid on account or in full during the year	
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	0
12. Total nonadmitted amounts	
13. Statement value of mortgages owned at end of current period	0

SCHEDULE BA VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	762,387
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions	
2.2 Additional investment made after acquisitions	0
3. Accrual of discount	
4. Increase (decrease) by adjustment	0
5. Total profit (loss) on sale	
6. Amounts paid on account or in full during the year	
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book/adjusted carrying value of long-term invested assets at end of current period	762,387
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	762,387
12. Total nonadmitted amounts	
13. Statement value of long-term invested assets at end of current period	762,387

Schedule D - Part 1A - Section 1

NONE

Schedule D - Part 1A - Section 2

NONE

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVESTMENTS Between Years					
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year	1,017,803	0	0	1,017,803	0
2. Cost of short-term investments acquired	0				
3. Increase (decrease) by adjustment	11,129			11,129	
4. Increase (decrease) by foreign exchange adjustment	0				
5. Total profit (loss) on disposal of short-term investments	0				
6. Consideration received on disposal of short-term investments	0				
7. Book/adjusted carrying value, current year	1,028,932	0	0	1,028,932	0
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	1,028,932	0	0	1,028,932	0
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	1,028,932	0	0	1,028,932	0
12. Income collected during year	0				
13. Income earned during year	0				

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY

NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY

NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

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ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Grand Valley Health Plan

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

SCHEDULE S - PART 3 - SECTION 2

[illegible]

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Reinsurance Ceded to Unauthorized Companies

[illegible]

Schedule S-Part 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2003	2 2002	3 2001	4 2000	5 1999
A. OPERATIONS ITEMS					
1. Premiums.....	410	333	306	322	255
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....	39,389	36,194	34,393	30,200	34,792
B. BALANCE SHEET ITEMS					
6. Premiums receivable	262	988	800	598	547
7. Claims payable.....	3,878	3,478	4,114	0	5,416
8. Reinsurance recoverable on paid losses.....	587	525	108	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	6,982,326		6,982,326
2. Accident and health premiums due and unpaid (Line 12).....	261,602		261,602
3. Amounts recoverable from reinsurers (Line 13.1).....	586,799		586,799
4. Net credit for ceded reinsurance.....	XXX	586,799	586,799
5. All other admitted assets (Balance).....	1,423,644		1,423,644
6. Total assets (Line 26)	9,254,371	586,799	9,841,170
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	4,101,344	0	4,101,344
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Reinsurance in unauthorized companies (Line 18).....	0		0
11. All other liabilities (Balance).....	1,275,471		1,275,471
12. Total liabilities (Line 22).....	5,376,815	0	5,376,815
13. Total capital and surplus (Line 30).....	3,877,556	XXX	3,877,556
14. Total liabilities, capital and surplus (Line 31)	9,254,371	0	9,254,371
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid.....	0		
16. Accrued medical incentive pool.....	0		
17. Premiums received in advance	0		
18. Reinsurance recoverable on paid losses	586,799		
19. Other ceded reinsurance recoverables	0		
20. Total ceded reinsurance recoverables	586,799		
21. Premiums receivable	0		
22. Unauthorized reinsurance	0		
23. Other ceded reinsurance payables/offsets	0		
24. Total ceded reinsurance payable/offsets	0		
25. Total net credit for ceded reinsurance	586,799		

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Grand Valley Health Plan

SCHEDULE Y (continued)

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....

Yes [] No [X]
2.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....

Yes [] No [X]
3.

Will an actuarial certification be filed by March 1?.....

Yes [] No [X]
4.

Will the Risk-based Capital Report be filed with the NAIC by March 1?.....

Yes [] No [X]
5.

Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....

Yes [] No [X]
6.

Will the SVO Compliance Certification be filed by March 1?

Yes [] No [X]
7.

Will the Life Supplement be filed the state of domicile and the NAIC by March 1?

Yes [] No [X]
8.

Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?.....

Yes [] No [X]

APRIL FILING

9.

Will Management's Discussion and Analysis be filed by April 1?.....

Yes [X] No []
10.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?.....

Yes [] No [X]
11.

Will the Investment Risks Interrogatories be filed by April 1?

Yes [X] No []

JUNE FILING

12.

Will an audited financial report be filed by June 1 with the state of domicile?


Yes [X] No []


EXPLANATIONS:


1.
2.
3.
4.
5.
6.
7.
8.
10.


BAR CODE:


1.



9 5 4 5 3 2 0 0 3 3 6 0 5 8 0 0 0
2.



9 5 4 5 3 2 0 0 3 4 6 0 0 0 0 0 0
3.



9 5 4 5 3 2 0 0 3 4 4 0 0 0 0 0 0
4.



9 5 4 5 3 2 0 0 3 3 9 0 0 0 0 0 0
5.


9 5 4 5 3 2 0 0 3 3 9 0 0 0 0 0 0
6.


9 5 4 5 3 2 0 0 3 4 7 0 0 0 0 0 0
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9 5 4 5 3 2 0 0 3 2 0 5 0 0 0 0 0
8.


9 5 4 5 3 2 0 0 3 2 0 7 0 0 0 0 0
10.


9 5 4 5 3 2 0 0 3 3 3 0 5 8 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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